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Bib Data Sheet

CONFIRMATION NO. 5659

SERIAL NUMBER 09/189,597	FILING DATE 11/10/1998 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO.	
APPLICANTS BRADLY A. JENDERSEE, SANTA BARBARA, CA; ROBERT D. LASHINSKI, SEBASTOPOL, CA; MICHAEL D. BONEAU, SAN JOSE, CA;					
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 08/478,192 06/07/1995 PAT 5,836,965 WHICH IS A CIP OF 08/326,023 10/19/1994 ABN					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/23/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged Examiner's Signature _____ Initials _____					
ADDRESS 28390					
TITLE STENT DELIVERY AND DEPLOYMENT METHOD					
FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing f. time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/189,597	11/10/98	606	3731	P107/CON

APPLICANT
BRADLY A. JENDERSEE, SANTA BARBARA, CA; ROBERT D. IASHINSKI, SEBASTOPOL, CA; MICHAEL D. BONEAU, SAN JOSE, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CON OF 08/478,192 06/07/95 PAT 5,836,965
WHICH IS A CIP OF 08/326,023 10/19/94 ABN

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/23/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR CCOUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS
RICHARD L. KLEIN
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3576 UNOCAL PLACE
SANTA ROSA CA 95403

MEDTRONIC INC.
3576 UNOCAL PLACE
SANTA ROSA, CA 95403

TITLE
STENT DELIVERY AND DEPLOYMENT METHOD

FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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